

P04000061081

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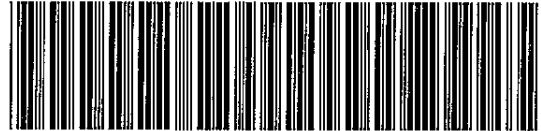
(Business Entity Name)

(Document Number)

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03/16/04--01033--012 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR -9 PM 2:25

FILED

m04-11171

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Practice Management Solutions, Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Stacey R. Barnes
Name (Printed or typed)

P O Box 21
Address

Inverness, FL 34451
City, State & Zip

352-422-2200
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 19, 2004

STACEY R. BARNES
P O BOX 21
INVERNESS, FL 34451

SUBJECT: PRACTICE MANAGEMENT SOLUTIONS, INC.
Ref. Number: W04000011171

We have received your document for PRACTICE MANAGEMENT SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6972.

Doris Brown
Document Specialist
New Filings Section

Letter Number: 504A00018453

*Thanks Doris
enclosed
2 copies
SR Barnes*

Articles of Incorporation
of
Practice Management Resources, Inc.

FILED
04 APR -9 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, acting as incorporators, hereby adopts these Articles of Incorporation and forms a corporation (the "Corporation") under the laws of the state of Florida, as follows:

Article I - Name

The name of this corporation is Practice Management Resources, Inc.

Article II - Principle Office

The principle place of business is:

3735 E. Turquoise Drive

Hernando, FL 34442

The principle mailing address is:

PO Box 21

Inverness, FL 34451

Article III - Purpose

This corporation is organized for the purpose of transacting and or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes, as now exists or may hereafter be amended.

Article IV - Shares

This corporation is authorized to issue:

1,000 shares of common stock par value \$1.00 per share

Article V - Initial Officers/Directors

The name and physical address of the Initial Officer is:

Stacey R. Barnes

3735 E Turquoise Drive

Hernando, FL 34442

The name and mailing address of the Initial Officer is:

Stacey R. Barnes

PO Box 21

Inverness, FL 34451

Article VI - Registered Agent

The name and Florida street address of the Registered Agent is:

Stacey R. Barnes

3735 E Turquoise Drive

Hernando, FL 34442

The name and Florida mailing address of the Registered Agent is:

Stacey R. Barnes

PO Box 21

Inverness, FL 34451

Article VII - Incorporator

The name and physical address of the Incorporator is:

Stacey R. Barnes

3735 E Turquoise Drive

Hernando, FL 34442

The name and mailing address of the Incorporator is:

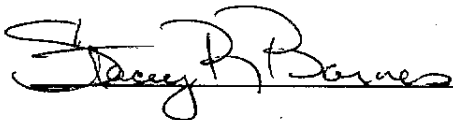
Stacey R. Barnes

PO Box 21

Inverness, FL 34451

Acceptance

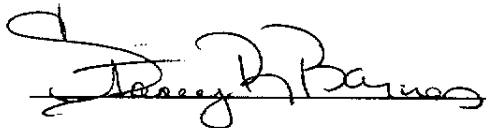
Having been named as Registered Agent and designated to accept service of process for the above stated corporation, at the place designated herein this certificate, I am familiar with and accept the appointment as Registered Agent and agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.



Signature/Registered Agent

4/9/04

Date



Signature/Incorporator

4/9/04

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR -9 PM 2:25

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